

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

January 15, 2025

[REDACTED]
THE RIDGE AT HERITAGE MEADOWS LLC
[REDACTED]

RE: THE RIDGE AT HERITAGE MEADOWS
1126 ROSS AVENUE
FORD CITY, PA, 16226
LICENSE/COC#: 45289

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/22/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE RIDGE AT HERITAGE MEADOWS License #: 45289 License Expiration: 12/14/2024
Address: 1126 ROSS AVENUE, FORD CITY, PA 16226
County: ARMSTRONG Region: WESTERN

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: THE RIDGE AT HERITAGE MEADOWS LLC
Address: [Redacted]
Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: C 2 LP Date: 04/07/2000 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
Reason: Renewal Exit Conference Date: 10/22/2024

Inspection Dates and Department Representative

10/22/2024 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 45 Residents Served: 20
Secured Dementia Care Unit
In Home: No Area: Capacity: Residents Served:
Hospice
Current Residents: 7
Number of Residents Who:
Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 20
Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 9 Have Physical Disability: 0

Inspections / Reviews

10/22/2024 - Full
Lead Inspector: [Redacted] Follow Up Type: POC Submission Follow Up Date: 11/18/2024

Inspections / Reviews *(continued)*

12/05/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/23/2024

01/15/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/04/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

42s - Privacy

1. Requirements

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The door from bedroom [redacted] to the shared bathroom between bedroom [redacted] and bedroom [redacted] does not have a working lock.

Plan of Correction

Accept [redacted] - 12/05/2024)

Following the inspection, Assistant Administrator/RN, [redacted] replaced the lock with a functional working lock on 10/23/2024.

Beginning 11/25/2024, an audit will be completed to assess all bedroom and bathroom doors for presence of functional locks.

This will be completed 1 x weekly x 4 weeks

Then 1 x monthly x 3 months

This will be completed by a member of management or designated employee

Beginning 11/25/2024, education will be provided to all staff in regards to regulation 42s for resident rights to privacy of self and possessions.

This education will be provided by [redacted] RN/PCHA

This education will be completed by 12/6/2024.

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/15/2025)

85a - Sanitary Conditions

2. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

There are food particles scattered through the upright refrigerator and the upright freezer.

Plan of Correction

Accept [redacted] - 12/05/2024)

Immediately following the inspection on 10/22/24 an employee of the facility cleaned the area in question.

Food safety and maintaining sanitary conditions education is frequently reinforced by management to all staff in addition to frequent education documentation provided to all staff prior to this inspection.

Beginning 11/25/24 an audit will be completed on all refrigerators and freezers to assess for any crumbs, spills or otherwise that would create a violation of 85a.

This audit will be completed 2 x weekly x 4 weeks

Then 1 x weekly x 4 weeks

Then 1 x weekly every other week x 8 weeks

85a Sanitary Conditions (continued)

This audit will be completed by a member of management or designated employee

Beginning 11/25/2024, education will be provided to staff in regards to maintaining regulation 85a and the importance of cleaning up any food particles or liquids from freezers and refrigerators on a regular basis.

This education will be completed by 12/6/24 and completed by [REDACTED] RN/PCHA

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] - 01/15/2025)

85d - Trash Receptacles

3. Requirements

2600.

85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

Description of Violation

There is a garbage can with garbage in it in the shared bathroom between bedroom [REDACTED] and bedroom [REDACTED] that does not have a lid.

Plan of Correction

Accept [REDACTED] - 12/05/2024)

Immediately following the inspection on 10/22/24, a garbage can with a lid was exchanged for the garbage can shared by bedroom [REDACTED] and [REDACTED]

It is important to note that prior to Resident [REDACTED] moving in, there had been a garbage can with a lid, however, upon [REDACTED] arrival and setting up [REDACTED] environment, [REDACTED] family placed a can without a lid in the bathroom.

Immediately following the inspection on 10/22/24, the family and resident were educated on the regulations involving bathroom garbage cans. This education was provided by [REDACTED] Assist. Admin/RN.

Beginning 11/25/2024, an audit will be completed for all bedrooms and bathrooms for the presence of garbage cans with lids intact.

This audit will be completed 1 x weekly x 4 weeks

Then every other week x 8 weeks

This audit will be completed by a member of management or designated employee

Beginning 11/25/24 education will be provided to all staff for compliance with regulation 85d.

This education will be provided by [REDACTED] RN/PCHA and will be completed by 12/6/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] - 01/15/2025)

91 - Telephone Numbers

4. Requirements

2600.

91 - Telephone Numbers *(continued)*

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The telephone in the kitchen does not have the required emergency telephone numbers posted on or near them. This telephone is an outside line.

Plan of Correction

Accept [REDACTED] - 12/05/2024)

Immediately following the inspection on 10/22/24, during the presence of the surveyors, the poster with the emergency phone numbers was replaced above the phone.

During cleaning of the kitchen downstairs and wiping down walls, the employee removed the poster and placed it elsewhere, not within range of the phone.

This education already exists in the Staff Education binder for Regulation Education

Beginning 11/25/24 an audit will be completed to assess for the emergency telephone number poster above all phones in the facility.

*This audit will be completed 1 x weekly x 4 weeks
Then every other week x 8 weeks*

This audit will be completed by a member of management or designated staff member

Beginning 11/25/24, staff education will be provided in regards to regulation 91. This will be provided by [REDACTED] RN/PCHA

This education will be completed by 12/6/2024

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [REDACTED] - 01/15/2025)

103g - Storing Food

5. Requirements

2600.
103.g. Food shall be stored in closed or sealed containers.

Description of Violation

There is a bag of bread sticks in the upright freezer, and there is a bag of buns in freezer #5 that are opened and unsealed.

Plan of Correction

Accept [REDACTED] - 12/05/2024)

During in the inspection on 10/22/24, Asst Admin/RN [REDACTED] corrected the violation by securing the food in the freezers.

This education exists in the Staff Education Binder for Regulation Education

Beginning 11/25/2024 an audit will be completed to assess all supplies in refrigerators and freezers to ensure they

103g - Storing Food (continued)

are secured closed appropriately.

This audit will be completed 2 x weekly x 4 weeks

Then 1 x weekly x 4 weeks

Then every other week x 8 weeks

This will be completed by a member of management or designated employee

Beginning 11/25/2024 education will be provided to all staff in regards to regulation 103g.

This education will be provided by [REDACTED] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented ([REDACTED] 01/15/2025)

103i - Outdated Food

6. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

There is a bag of chicken breasts in the upright freezer, and there is a bag of waffles in the chest freezer that are opened and undated.

Plan of Correction

Accept ([REDACTED] - 12/05/2024)

During the inspection, the food in question was addressed by [REDACTED] Assistant Admin/RN, on 10/22/24.

The food in question can be dated by providing the food supply order slip from sales slip, showing that it was not outdated or spoiled.

This education exists in the Staff Education Binder for Regulation Education.

Beginning 11/25/24 an audit will be completed to assess that all food in refrigerators and freezers are dated and secured appropriately.

This audit will be completed 2 x weekly x 4 weeks

Then 1 x weekly x 4 weeks

Then every other week x 8 weeks

This will be completed by a member of management or designated employee

Beginning 11/25/2024 education will be provided to all staff in regards to regulation 103i.

This education will be provided by [REDACTED] RN/PCHA

This education will be completed by 12/6/24

103i - Outdated Food (continued)

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/15/2025)

123b - Emergency Procedures Posted

7. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

The local emergency management plan is not posted in a conspicuous and public place.

Plan of Correction

Accept [redacted] 12/05/2024)

Immediately following the inspection, a new binder was created and placed in the front lobby area of the main floor entrance. This was completed on 10/22/24 by Administrator [redacted]

Prior to the inspection, a binder with this information had existed in the main lobby area, however, it is believed that a resident with cognitive impairment most likely removed the binder to unknown location.

Beginning 11/25/24, an audit will be completed to assess for presence of this binder in a public and conspicuous location.

This audit will be completed 1 x weekly x 4 weeks
Then every other week x 8 weeks

This audit will be completed by a member of management or designated employee

Beginning 11/25/24 education will be provided to all staff in regards to regulation 123b and ensuring that this information remains in a public location at all times.

This education will be completed by [redacted] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/15/2025)

131f - Fire Extinguisher Inspection

8. Requirements

2600.

131.f. Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

Description of Violation

The fire extinguishers in the home were inspected and approved by a fire safety expert on 3/12/24. However, the tags on the fire extinguishers have not been updated to reflect that fact.

131f - Fire Extinguisher Inspection (continued)

Plan of Correction

Accept [redacted] - 12/05/2024)

During the inspection, an invoice paid to the fire extinguisher and fire safety expert company was provided to the surveyor, showing that the fire extinguishers had, in fact, been inspected in a timely manner, however the tags did not reflect the updated dates.

Immediately, on 10/22/24, the company that maintains and services the fire extinguishers was contacted by [redacted] Assistant Admin/RN and [redacted] manager, to notify them and request immediate correction to this oversight.

Beginning 11/25/24 an audit will be conducted to check all fire extinguishers for updated and current tags.

This audit will be completed 1 x weekly x 4 weeks
Then every other week x 8 weeks

This audit will be completed by a member of management or designated employee

Beginning 11/25/24 staff education will be provided to all staff in regards to checking for current tags on fire extinguishers.

This education will be provided by [redacted] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/20/2024

Implemented [redacted] - 01/15/2025)

132c - Fire Drill Records

9. Requirements

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The home did not document the complete evacuation time to include minutes and seconds for fire drills on 11/23/23 at 8:21 AM and 2/22/24 08:09 AM.

Plan of Correction

Accept [redacted] - 12/05/2024)

It is important to note that, in both cases, the fire drill was documented accurately, reflecting that the stop watch was stopped at a time when there were no seconds to document.

This is a discrepancy of whether to document it as "00" seconds or omit seconds due to it being zero.

Beginning with the November fire drill, all future drills will include "00" if the timer happens to end at this time.

This will be conducted and documented by the member of management completing the fire drill.

132c - Fire Drill Records (continued)

Beginning 11/25/24, education will be provided to members of management to ensure that all fire drills include "00" if the timer ends at a time when there are no seconds to document.

This education will be provided by [REDACTED] RN/PCHA and will be completed by 12/6/24.

As of note, currently there are only 2 members of management. The Administrator and the manager, [REDACTED] so there will only be 2 individuals to provide and document education for.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/15/2025)

132f - Alternate Exit Routes

10. Requirements

- 2600.
- 132.f. Alternate exit routes shall be used during fire drills.

Description of Violation

The home failed to use alternate exits during fire drills from 10/31/23 to 9/4/24. From 10/31/23 to 3/13/24 the home used the "front and rear" doors, and from 4/7/24 to 9/4/24 the home used the "front and back" doors.

Plan of Correction

Accept [REDACTED] - 12/05/2024)

Beginning with the November fire drill, no more multi-exit practices will be conducted and all future fire drills for each respective floor will be completed using only 1 exit, either the front or back door only.

These drills will be conducted by a member of management.

Beginning 11/25/24, education will be provided to members of management to ensure that future fire drills are only completed and practiced using 1 door and cease utilizing a 2 door practice/exit strategy.

This education will be provided by [REDACTED] RN/PCHA and will be completed by 12/6/24.

As of note, currently there are only 2 members of management. The Administrator and the manager, [REDACTED] so there will only be 2 individuals to provide and document education for.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/15/2025)

184a - Resident's Meds Labeled

11. Requirements

- 2600.
- 184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:
 - 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] – 30 units at bedtime. However, the label on resident [REDACTED] indicates the resident receives [REDACTED] units at bedtime.

184a - Resident's Meds Labeled (continued)

REPEAT VIOLATION: 9/8/2023

Plan of Correction

Accepted [redacted] - 12/05/2024)

This resident receives services through a hospice agency that is currently managing their insulin doses.

The resident receives the medication supply through mail-order from the VA pharmacy.

The resident was receiving the correct dose of insulin, as directed by the hospice agency. The label on the box did not indicate a "change in orders- refer to chart" sticker.

Immediately following the inspection on 10/22/24, Administrator [redacted] placed a "direction change, refer to chart" sticker on the box with the pharmacy label.

Administrator Graham also contacted the hospice agency to request a signed script for proof of correct doses being administered that coincided with the orders that the staff were utilizing in the EMAR.

Assistant Admin/RN [redacted] contacted the VA to notify of the change in insulin dose orders for correct documentation on their end.

Beginning 11/25/24 an audit will be completed to check all insulin orders for exact math from the EMAR, pen and pharmacy label.

This audit will be completed 1 x weekly x 4 weeks

Then every other week x 8 weeks

Then 1 x monthly and as needed.

This audit will be completed by a member of management or designated employee.

Beginning 11/25/24 education will be provided to all med techs in regards to ensuring that pharmacy label matches the EMAR and that any discrepancies are reported to on-call management in a timely manner and/or corrected upon verifying correct orders.

This education will be provided by [redacted] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/15/2025)

184b - Labeling OTC/CAM

12. Requirements

2600.

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

Description of Violation

Resident [redacted] is prescribed [redacted] – Apply to left heel daily. However, resident [redacted] s [redacted] is not identified with the resident's name.

184b - Labeling OTC/CAM (continued)

Plan of Correction

Accept [redacted] 12/05/2024)

Immediately, during the inspection, the resident's name was written on the medication tube by Administrator [redacted]

This education is communicated to med techs frequently by members of management.

Beginning 11/25/24 an audit will be completed to assess for resident names on all OTC and CAM containers ordered for residents.

This audit will be completed 1 x weekly x 4 weeks

Then every other week x 8 weeks

Then 1 x monthly as as needed

Beginning 11/25/24 education will be provided to all med techs in regards to regulation 184b and ensuring that resident OTC and CAM are labeled appropriately with their names

This education will be provided by [redacted] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 01/15/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [redacted] is prescribed [redacted] - [redacted] with lunch and [redacted] with dinner. However, staff administer [redacted] with lunch and [redacted] with dinner.

REPEAT VIOLATION: [redacted]

Plan of Correction

Accept [redacted] 12/05/2024)

This resident receives services through a hospice agency that is currently managing their insulin doses.

The resident receives the medication supply through mail-order from the VA pharmacy.

The resident was receiving the correct doses of insulin, as directed by the hospice agency. The label on the box did not indicate a "change in orders- refer to chart" sticker.

Immediately following the inspection on 10/22/24, Administrator [redacted] placed a "direction change, refer to chart" sticker on the box with the pharmacy label.

Administrator [redacted] also contacted the hospice agency to request a signed script for proof of correct doses being administered that coincided with the orders that the staff were utilizing in the EMAR.

187d - Follow Prescriber's Orders (continued)

Assistant Admin/RN [REDACTED] contacted the VA to notify of the change in insulin dose orders for correct documentation on their end.

Beginning 11/25/24 an audit will be completed to check all insulin orders for exact match from the EMAR, pen and pharmacy label.

This audit will be completed 1 x weekly x 4 weeks

Then every other week x 8 weeks

Then 1 x monthly and as needed.

This audit will be completed by a member of management or designated employee.

Beginning 11/25/24 education will be provided to all med techs in regards to ensuring that pharmacy label matches the EMAR and that any discrepancies are reported to on-call management in a timely manner and/or corrected upon verifying correct orders.

This education will be provided by [REDACTED] RN/PCHA

This education will be completed by 12/6/24

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 01/15/2025)